

Issue Classification

(Assistant Examiner) (Date)

(Legal Instruments Examiner) _____ Date _____

(Primary Examiner)

(Date)

O.G.
Print Claim(s)

O.G.
Print Fig.

1

3a

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R. 1.47	
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5	5	37	35		65		125		185
6	6	38	36		66		126		186
7	7	39	37		67		127		187
8	8	40	38		68		128		188
9	9	41	39		69		129		189
10	10	43	40		70		130		190
11	11	44	41		71		131		191
12	12	45	42		72		132		192
13	13	46	43		73		133		193
15	14	14	44		74		134		194
16	15	28	45		75		135		195
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21	20		50		80		140		200
22	21		51		81		141		201
23	22		52		82		142		202
24	23		53		83		143		203
25	24		54		84		144		204
26	25		55		85		145		205
27	26		56		86		146		206
29	27		57		87		147		207
30	28		58		88		148		208
31	29		59		89		149		209
32	30		60		90		150		210